



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent. PHL	A	Contract Number			
County Department Public Health / ICEMA					Dept. PHL	Orgn. PHL	Contractor's License No.			
County Department Contract Representative James A. Felten					Telephone 387-9146		Total Amount			
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:										
If not encumbered or revenue contract type, provide reason:										
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount	
Fund AAA	Dept. PHL	Organization 2800	Appr. 200	Obj/Rev Source 8710		GRC/PROJ/JOB No. 93000		Amount \$283.324		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount		
Project Name Application to California Emergency Medical Services Authority for State General Fund Allocation for EMS				Estimated Payment Total by Fiscal Year						
				FY	Amount	I/D	FY	Amount	I/D	

CONTRACTOR Emergency Medical Services Authority

Federal ID No. or Social Security No. _____

Contractor's Representative Carol MacRae, Contracts Manager

Address 1930 Ninth Street, Suite 100, Sacramento, CA 95814-7043

Phone (916) 322-4336

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an application in the amount of \$283,324 with the State of California, Emergency Medical Services Authority, for continued maintenance of the Emergency Medical Services (EMS) system in San Bernardino, Inyo and Mono counties for the period July 1, 2004 through June 30, 2005.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

Reviewed as to Contract Compliance

Presented to BOS for Signature

County Counsel

Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

☐ **Contract Database** ☐ **FAS**

Keyed By